

FORM HC10/CU	
ASSESSMENT DATE	
March 1, 20	

INSTRUCTIONS:

- 1. Please type or print.
- 2. This form must be filed with the County Auditor within sixty (60) days after the date that the property no longer qualifies for the Homestead Standard Deduction. IC 6-1.1-12-37 (f)

NOTICE: An individual who fails to file this form in a timely manner is liable for any additional taxes that would have been due on the property plus a civil penalty of 10% of the additional taxes due. IC 6-1.1-12-37 (f)

		TAXPAYER INFORMATION					
Name of taxpayer (legal name)	Telephone number						
,				()			
Social Security number of taxpayer (last five	e digits)	Driver's license / Identification / Other number of	f claimant (last five digits)	Issuing State			
Name of taxpayer's spouse (legal name)	Telephone number						
		()					
Social Security number of taxpayer's spouse (last five digits) Driver's license / Identification / Other number of taxpayer's spouse (last five digits)				Issuing State			
	CONTRACTOR STREET, STR	CONTRACT RECORDED					
If buying on contract, Fee Simple owner's na	ame						
Recorder's office where contract is recorded			Record number	Page			
Control of the Contro	-	PROPERTY DESCRIPTION :		En Sirk			
County	Township		Taxing district (city, town, township)				
D1	1, 1,1,2,2,0				···		
Parcel number Legal description		On .					
Add		The street of th		Annually assessed mobile home (IC 6-1.1-7			
Address (number and street, city, state, and ZIP code) Portion of property no long				ger eligible: All Part			
Description of the shappy in use or the const	LJ'"						
Description of the change in use or the reason	n that the proper	ty no longer qualifies for the deduction.					
		CERTIFICATION STATEMENT		Acaipalis agains	10/8/35/6-4		
I hereby certify that the information contained in this notice is true, correct, and complete.							
Signature of taxpayer or authorized representative		Printed name of taxpayer or authorized representative		Date signed (month, day,	year)		